

Application or Docket/Number

|  |  | E   | ffective De | ecember  | 3, 20             | )04                                   |       | •                   | j                      |          |                               |                        |
|--|--|---|-------------|--|-------------------|---------------------------------------|-------|---------------------|------------------------|----------|-------------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                         |  |   |             |  |                   |                                       |       | SMALL ENTITY TYPE   |                        | OF       | OTHER THAN<br>OR SMALL ENTITY |                        |
| U.   | S. NATIONAL                                    | L STAGE FEES                              |             |  |                   |                                       | ]     | RATE                | FEE                    | <u> </u> | RATE                          | FEE                    |
| BASIC FEE  |  |   | SMALL E     | SMALL ENT. = \$ 150  |                   | RGE ENT. = \$ 300                     | 1     | BASIC FEE           | 1                      | OR       | BASIC FEE                     | 300                    |
| EXAMINATION FEE  |  |   |             | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100                  |                   | other situations =<br>\$ 100 / \$ 200 | 1     | EXAM. FEE           |                        |          | EXAM. FEE                     | 200                    |
| SEARCH FEE   |  |   | ALL other   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                   | other situations =<br>\$ 250 / \$ 500 |       | SEARCH FEE          |                        |          | SEARCH FEE                    | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | m           | minus 100 =  |                   | / 50 =                                |       | X \$ 125 =          |                        |          | X \$ 250 =                    |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | 18          | ninus 20 =   | •                 |                                       |       | X \$ 25 =           |                        | OR       | X \$ 50 =                     | 1                      |
| INDEPENDENT CLAIMS   |  |   | 1/          | minus 3 =  | •                 |                                       |       | X \$ 100 =          |                        | OR       | X \$ 200 =                    |                        |
| MUI  | TIPLE DEPE                                     | NDENT CLAIM PF                            | RESENT      |  |                   |                                       |       | + \$ 180 =          |                        | OR       | + \$ 360 =                    |                        |
| If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |             |  |                   | : 1                                   | TOTAL |                     | OR                     | TOTAL    | 900                           |                        |
|  |  | CLAIMS AS (Column 1) CLAIMS REMAINING     | AMENDE      | (Colum<br>HIGHE<br>NUMB  | in 2)<br>ST<br>ER | 2) (Column 3) T R PRESENT             |       | SMALL I             | ADDI-<br>TIONAL        | OR       | OTHER<br>SMALL E              | ADDI-                  |
| AMENDMENT A  |  | AFTER<br>AMENDMENT                        |             | PREVIO   |                   | EXTRA                                 |       |                     | FEE                    | 1 1      | POLIE                         | TIONAL<br>FEE          |
|  | Total  | •   | Minus       | **   |                   | =                                     |       | X \$ 25 =           |                        | OR       | X \$ 50 =                     |                        |
|  | Independent                                    | <u> </u> *                                | Minus       | ***  |                   | =                                     |       | X \$ 100 =          |                        | OR       | X \$ 200 =                    |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |             |  |                   |                                       | L     | + \$ 180 =          |                        | OR       | + \$ 360 =                    |                        |
|  |  |   |             | <del></del>  |                   |                                       | _     | TOTAL ADDIT.<br>FEE |                        | OR       | TOTAL ADDIT.<br>FEE           |                        |
|  |  | (Column 1)                                |             | (Column  |                   | (Column 3)                            | _     |                     |                        | -        |                               |                        |
|  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO                                | R<br>SLY          | PRESENT<br>EXTRA                      |       | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus       | **   |                   | =                                     | Γ     | X \$ 25 =           |                        | OR       | X \$ 50 =                     |                        |
|  | ndependent                                     | •   | Minus       | ***  |                   | =                                     |       | X \$ 100 =          |                        | OR       | X \$ 200 =                    |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |             |  |                   |                                       |       | + \$ 180 =          |                        | OR       | + \$ 360 =                    |                        |
|  |  |   |             |  |                   | <del></del>                           | 7     | OTAL ADDIT.         |                        | OR       | TOTAL ADDIT.                  |                        |

<sup>•</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.